

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.T	913	05/04/01
RESPONSE FORMALITY REVIEW	Zm TA	927 1113	07/18/01 12-21-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	3 10
2	7 9
3	03 03
4	✓ ✓
5	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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